

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

B-1-f

05809

Reg. Dist. No. 61

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Caroline
 County: Greensboro Rural
 City or town: Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs.
 Hospital, Institution, or street address where death occurred

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Caroline
 City or town: Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: _____
 (If rural, give LOCATION)

How long in hospital or institution? _____

3. (a) FULL NAME

Ida Belle Bilbrough
 4. Sex: F. 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Widowed

3. (b) Social Security Number

6. (b) Name of husband or wife: Thomas

7. Birth date of deceased (mo., day, yr.): Feb. 9 1875 8. (c) If alive, give age: years

8. AGE: 71 Years 4 Months 15 Days If less than one day: hrs. min.

9. Birthplace: Greensboro Caroline Md.
 (Town, county, and state)

10. Usual occupation: Houswife

11. Industry or business: Albert Smith

12. Name: Albert Smith
 MOTHER FATHER

13. Birthplace: W. Va.

14. Maiden name: Mary Jane Shockley

15. Birthplace: Maryland

16. Informant: Miss. Etzie Bilbrough

Address: Greensboro Md.

17. Burial: Burial Date thereof: 6/13/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro, Md.

19. Date rec'd by registrar: June 29 1946 Registrars Initials: L. M. M.
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 23 1946 to June 26 1946

and that I last saw her alive on June 25 1946 1946

Immediate cause of death: Chronic Myocarditis

DURATION: _____

Due to: _____

Due to: _____

Other conditions: Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: Charles W. L. M. M. M.D. Greensboro Md. Date signed: June 28 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B12

05810

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
 County Greensboro Rural
 City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 43 yrs.
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

3. (a) FULL NAME

Josephine Madeline Brogley 3. (b) Social Security Number 218-20-7150

4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Louis Brogley 8. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 23 1882

8. AGE: Years 63 Months 11 Days 22 If less than one day
 hrs. 0 min. 0

9. Birthplace Nobles Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Aron Whilliby

12. Name Mary Cowell

13. Birthplace Maryland

14. Maiden name Mary Cowell

15. Birthplace Maryland

16. Informant Louis Brogley

Address Greensboro, Md.

17. Burial Burial Date thereof 6/18/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Cross

Location Near Greensboro,

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. Date rec'd by registrar June 18 1946 L. M. Lippincott
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946 at 25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1946, to June 15 1946 and that I last saw her alive on June 12 1946.

Immediate cause of death Acute myocarditis DURATION udden
& pulmonary edema

Due to Acute Lead Disease DURATION 3 yrs.
 (11)

Due to Acute Lead Disease DURATION 3 yrs.
 (11)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

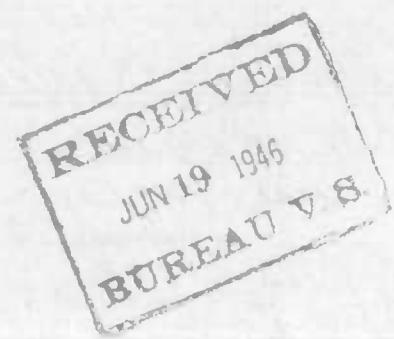
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Grace H. Jones M. H. or other Grace H. Jones
 Address Greensboro, Md. Date signed 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13th

05811

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
 County: Greensboro
 City or town: Greensboro (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Md. County: Caroline
 City or town: Greensboro (If outside city or town limits, write RURAL and give nearest town)
 Street No.:
 (If rural, give LOCATION)

3. (a) FULL NAME John C. Brown

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ella Horney

7. Birth date of deceased (mo., day, yr.) Sept. 29. 1867 6.(c) If alive, give age years

8. AGE: Years 78 Months 8 Days 2 If less than one day hrs. min.

9. Birthplace Greensboro Caroline Co Md.
 (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name John C. Brown

13. Birthplace Md.

14. Maiden name Ranee Hughes

15. Birthplace Md.

16. Informant Mrs. Ella Brown

Address Greensboro Md.

17. Burial Burial Date thereof June 4, 1946
 (Burial, cremation, or removal. Which?) Date (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. June 4, 1946 L. M. Murphy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 6:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1, 1945 to June 1, 1946

and that I last saw him alive on January 1, 1946

Immediate cause of death Thermal nephritis

Due to Acute & Selective Cardiac

Myocardial Disease

Due to Highly toxic substances

Other conditions Acute & Selective Cardiac

Myocardial Disease

Other conditions Highly toxic substances

(Include pregnancy within 3 months of death)

Major findings or operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

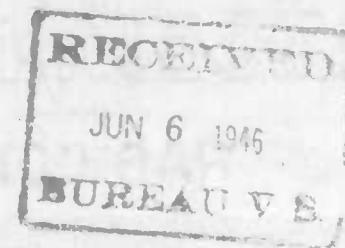
Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE John C. Brown M.D. or other None

Address Greensboro Md. Date signed June 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05812

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

Caroline County. Denton. *1* Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Denton - Hillsboro Road

How long in hospital or institution?

3. (a) FULL NAME

Sarah Elizabeth Brown

4. Sex Female | 5. Color or race Colored | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Raymond H. Brown

7. Birth date of deceased (mo. day, yr.) July 8, 1891

8. AGE: Years 54 | Months 11 | Days 6 | If less than one day hrs. min.

9. Birthplace Caroline County, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name William H. Thomas

13. Birthplace Caroline County, Md.

14. Maiden name Amelia Mathews

15. Birthplace Caroline County, Md.

16. Informant Martha Murphy
Address Denton, Md. R. F. D.17. Burial Cemetery or crematory Sandtown Cemetery
(Burial, cremation, or removal. Which?) Date thereof June 17, 1946
(month) (day) (year)

Location Near Hillsboro, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Md.19. (Date rec'd by registrar) 6/12 1946 M. D. George
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton. *1* Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Denton - Hillsboro Road
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 12:25 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 14 1946 and that I last saw her alive on June 14, 1946.

Immediate cause of death Subacute Meningitis

DURATION 10 da

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

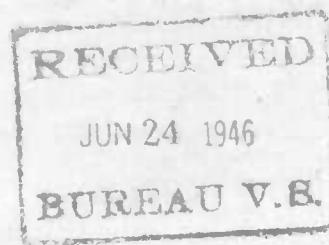
Means of injury Injured at work?

23. SIGNATURES

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

05813

Reg. Dlat. No. 66

1. PLACE OF DEATH:

County..... Caroline

City or town..... Ridgely

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Tilden C. Cahall

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife..... Sarah Martha Cahall

7. Birth date of deceased (mo., day, yr.)

August 15, 1857

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

88

9

30

. hrs. . min.

9. Birthplace.....

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation.....

Retired Merchant

11. Industry or business.....

Merchant

12. Name.....

Thomas Henry Cahall

13. Birthplace.....

Caroline County, Maryland

14. Maiden name.....

Augusta Atwell

15. Birthplace.....

Caroline County, Maryland

16. Informant.....

Miss Josephine Cahall

Address

Ridgely, Maryland

17. Burial.....

Date thereof..... June 17, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Chesterfield Cemetery

Location.....

Centerville, Maryland

18. Funeral director.....

J. J. Frampum & Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar.....

June 15 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Caroline

City or town..... Ridgely

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 14 1946 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 18 1946 to June 14 1946

and that I last saw him alive on June 14, 1946

Immediate cause of death..... Myocardial

Inflammation

Due to..... Chronic Myocarditis

Giant arteriosclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

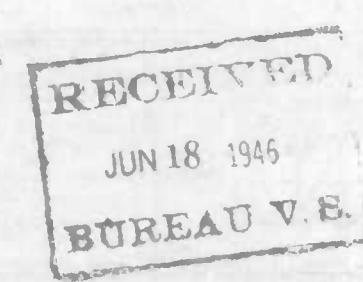
Name of injury..... Injured at work?

23. SIGNATURE..... George White M.D.

M. D. or other.....

Address..... Ridgely Date signed..... June 14, 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

05814

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....Caroline
City or town.....Portions End
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?.....40 yearsHospital, Institution, or street address where death occurred:.....301 Bay Street

How long in hospital or institution?

3. (a) FULL NAME

Carrie Eliza Griffith

4. Sex

Fr

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widow6. (b) Name of husband or wife.....Elijah Griffith

7. Birth date of deceased (mo., day, yr.)

April 11th 1876

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

70

1

20

hrs.

min.

9. Birthplace.....Near Denton, Maryland
(Town, county, and state)10. Usual occupation.....at home

11. Industry or business

MOTHER FATHER 12. Name.....William B. Cooper13. Birthplace.....Caroline14. Maiden name.....Eliza15. Birthplace.....Caroline16. Informant.....Mrs. Martha D. EggleAddress.....Denton, Md.17. Burial.....Buried Date thereof.....6-8-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....Denton CemeteryLocation.....Denton, Maryland18. Funeral director.....J. Virgil Morris & SonAddress.....Maryland - Md.

19. 6-8-46 1946 100 Jersey

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....CarolineCity or town.....Western
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 5th 1946 at 8 P.M.I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 5 1946.and that I last saw h. Dr. alive on June 5 1946.

IMMEDIATE CAUSE OF DEATH

Periperal circulatory 3 day
gaspoore

DURATION

Due to.....Diabetes mellitus unknownDue to.....Diabetic as aboveOther conditions.....Diabetic as above

(Include pregnancy within 3 months of death)

MAJOR FINDINGS OF OPERATIONS

Date of op.....

AUTOPSY RESULTS

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

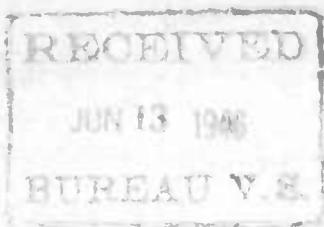
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?.....

Means of injury..... Injured at work?

23. SIGNATURE.....Kris Prosser M.D. M. D. or otherAddress.....2220 Annapolis Rd. Date signed.....6/17



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47A

CERTIFICATE OF DEATH

05815

Reg. Dist. No.

47

1. PLACE OF DEATH:

County.....

City or town.....

Caroline
Baltimore City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hannah Penn Hall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

25.

married

6. (b) Name of husband or wife

Myrtle Todd Hall

7. Birth date of deceased (mo., day, yr.)

Mar. 4th 1885

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

(Town, county, and state) Penn.

10. Usual occupation.....

Day labor

11. Industry or business

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-19-46

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

19.....

Date signed 6/18/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

215-12-6184

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 16th 1946 at 6 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 14 1946 to June 14 1946

and that I last saw h. in alive on June 14 1946

Immediate cause of death.....

carcinoma of lung

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Bronchoscopy - revealed carcinoma.

Date of op. May 1945

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

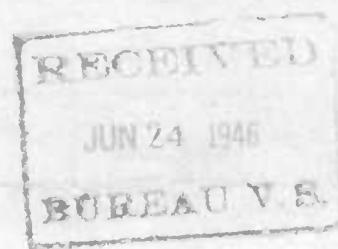
23. SIGNATURE.....

Paul Knott M.D.

M. D. or other

Address.....

Baltimore, Md. Date signed 6/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

CERTIFICATE OF DEATH

05816

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeksHospital, Institution, or street address where death occurred: Buena Vista Avenue

How long in hospital or institution?

3. (a) FULL NAME

Isaac E. Hallowell

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sallie D. Hallowell

63 years

7. Birth date of deceased (mo., day, yr.)

February 21, 1874

6. (c) If alive, give age

8. AGE:

Years 72

Months 4

Days 3

If less than one day
..... hrs. min.

9. Birthplace

Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name Thomas Hallowell

13. Birthplace

Pennsylvania

14. Maiden name

Regina Downham

15. Birthplace

Delaware

16. Informant

Mrs. Thruston Jones

Address

Federalsburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?) Dale thereof June 27 1946

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

June 26 1946J. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DelawareCounty SussexCity or town Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 12 1946 to June 24 1946and that I last saw him alive on June 24 1946Immediate cause of death VerminiaDURATION
6/21/46Due to Chronic nephritisUnknown

Due to

Other conditions ArteriosclerosisUnknown

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Franklin M.D.

M. D. or other

Address Bridgewater, N.C. Date signed 1/2/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

CERTIFICATE OF DEATH

05817

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

1. PLACE OF DEATH:

County... Caroline

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mission

How long in hospital or institution?

3. (a) FULL NAME

W. Francis Hammond

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Sarah Hammond

8. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

August 12, 1861

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

12. Name

William Hammond

13. Birthplace

Caroline County, Maryland

14. Maiden name

Sarah Hubbard

15. Birthplace

Caroline County, Maryland

16. Informant

Arwood R. Hammond

Address

Federalsburg, Maryland, P. O.

17. Burial

Date thereof... June 13, 1946

(month) (day) (year)

Cemetery or crematory

St. Paul Cemetery

Location

Near Federalsburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalsburg, Maryland

19. June 11 1946

(Date rec'd by registrar)

S. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Caroline

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Mission

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946, at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9 1946, to June 9 1946

and that I last saw him alive on June 9 1946

Immediate cause of death

DURATION

Cerebral Hemorrhage May 25-1946

Recurrent or second attack

June 8-1946

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

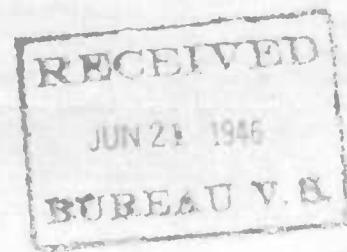
S. Paul Throft M.D.

M. D. or other

Address

Benton

Date signed 6/10/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

05818

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Howard's SchoolHow long in hospital or institution? -

3. (a) FULL NAME

Lewis H. Haynes

4. SEX

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie Haynes

54

years

7. Birth date of deceased (mo., day, yr.)

September 2, 1889

6. (c) If alive, give age

8. AGE:

Years 56Months 9Days 3

It less than one day

..... hrs. min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

Farmer

10. Usual occupation

Farmer

11. Industry or business

Charles Haynes

MOTHER FATHER

Charles Haynes

Mary Jane Beulah

13. Birthplace

Caroline County, Maryland

14. Maiden name

Mary Jane Beulah

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Bessie Haynes

Address

Preston, Maryland, R.T.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 9, 1946

(month) (day) (year)

Cemetery or crematory

Harmony Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. June 9

(Date rec'd by registrar)

1946

C. D. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Street MarylandCounty CarolineCity or town Preston

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Howard's School

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 5 1946 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 1944 to May 31, 1946

and that I last saw him alive on May 31, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

June 5 1946

Due to Hypertension

25 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

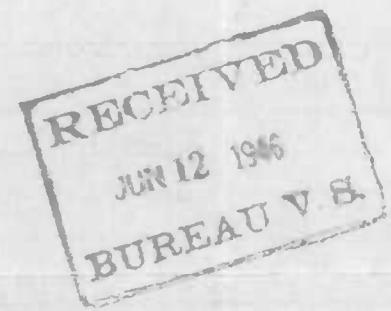
Injured at work?

23. SIGNATURE

H. L. Smaile M.D.

M. D. or other

Address Denton, Md Date signed June 6-1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

05819

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNTADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Charles
 County: Baltimore and
 City or town: Baltimore and
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex: 5 5. Color or race: 20. 6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: William Jackson

7. Birth date of deceased (mo., day, yr.): Oct. 6th 1867 8. (c) If alive, give age: 81 years

8. AGE: 78 Years 9 Months 23 Days It less than one day hrs. min.

9. Birthplace: Salisbury, Maryland
 (Town, county, and state)

10. Usual occupation: at home

11. Industry or business: Henry Hillersmith

12. Name: Henry Hillersmith

13. Birthplace: Maryland

14. Maiden name: Elizabeth Jones

15. Birthplace: Maryland

16. Informant: William Jackson (husband)

Address: 1 Dundon and

17. Burial: Buried Date thereof: 6-30-44
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore Maryland

18. Funeral director: J. Virgil Morris & Son

Address: 1 Dundon and

19. (Date rec'd by registrar) 6/30 46 M. D. George

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: and County: Carver

City or town: Dorlan (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH: June 27 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 20 1946 to June 27 1946

and that I last saw her alive on June 26 1946

Immediate cause of death: Coronary Thrombosis

Due to: Cardio Respiratory Disease

C. Hypertension

Due to: Cardio Respiratory Disease

C. Hypertension

Other conditions: Had no employment

Caused by Central Nervous Disease

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

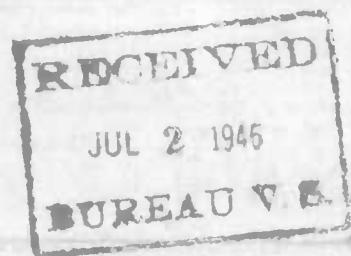
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

Means of Injury: Injured at work

23. SIGNATURE: Charles X. St. George Jr. M. D. or other:

Date signed: June 30 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *442*

05820

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

24 hrs.

Hospital, institution, or street.....

less where death occurred:

Stewart Hospital

24 hrs.

How long in hospital or institution?

3. (a) FULL NAME

Hazel Macomber

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F. White

Single

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

8. (c) If alive, give age..... years

No Record

8. AGE:

Years

Months

Days

If less than one day

About 50

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Canandaigua Ontario N.Y.

10. Usual occupation.....

Housework

11. Industry or business.....

12. Name.....

W. Macomber

13. Birthplace.....

New York

14. Maiden name.....

Sarah

15. Birthplace.....

New York

16. Informant.....

J. W. Willard

Stafford

Address.....

Luddlersville Md.

17. Burial.....

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Canandaigua

Location.....

Canandaigua, New York

18. Funeral director.....

Raymond B. Rawlings

Address.....

Greensboro, Md.

19. July 1st 1946

(Date rec'd by registrar)

L. Macomber

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne's

City or town..... Luddlersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 30 1946, a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 29 1946, to June 30 1946, and that I last saw her alive on June 30 1946.

Immediate cause of death.....

Carcinoma of Liver

or metastasis to

Due to..... road leg amput.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

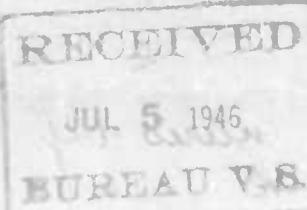
Means of injury..... Injured at work?

23. SIGNATURE

L. Macomber

I. D. or license No. 30

Address..... Decatur Md. Date signed 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

05821

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Denton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Infant Weeks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of
deceased (mo. day, yr.)

6. (c) If alive, give age..... years

3 June 1946

8. AGE:

Years

Months

Days

If less than one day

. hrs. 20 min.

9. Birthplace.....

(Town, county, and state) Caroline, Maryland

10. Usual occupation.....

11. Industry or business.....

12. Name.....

Duke Weeks

13. Birthplace.....

Denton, Maryland

14. Maiden name.....

Doris Lee Weeks

15. Birthplace.....

Cambridge, Maryland

16. Informant.....

Duke Weeks

Address.....

Denton, Maryland

17. Burial

Date thereof..... June 4 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Denton

Location.....

Denton, Maryland

18. Funeral director.....

J. Virgil Dawson, Esq.

Address.....

Denton, Maryland

19. (Date rec'd by registrar)

6/4/46

19

M. D. & George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Denton (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 2 3 1946, at 2:35

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 3 1946, to June 2 3 1946,

and that I last saw h. in alive on June 2 3 1946.

Immediate cause of death.....

Premature birth

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

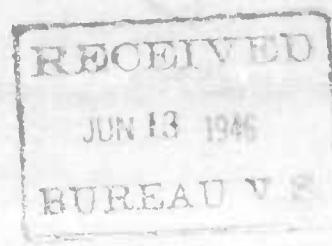
Kurt Leger M.D.

M. D. or other

Address.....

Anza Ave

Date signed 6/3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5th

CERTIFICATE OF DEATH

Reg. Dist. No. 64

05822
64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

212 West Central Avenue

How long in hospital or institution?

3. (a) FULL NAME

Thomas L. Nichols

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Della M. Nichols

7. Birth date of deceased (mo., day, yr.)

April 7, 1884

6. (c) If alive, give age 60 years

8. AGE:

62

2

Months

1

Days

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Employee in Button Factory

11. Industry or business

Maryland Plastics, Inc.

12. Name

John Edward Nichols

13. Birthplace

Caroline County, Maryland

14. Maiden name

Henrietta Smith

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Della M. Nichols

Address

Federalsburg, Maryland

17. Burial

Date thereof June 11, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. June 11

f. 46

J. J. Frampton

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. 212 West Central Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

212-12-3077

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946, at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1, 1946, to June 8, 1946, and that I last saw him alive on June 8, 1946.

Immediate cause of death

Carcinoma of prostate

Due to: I q general and metastases

DURATION

1 yr.

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Whom did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

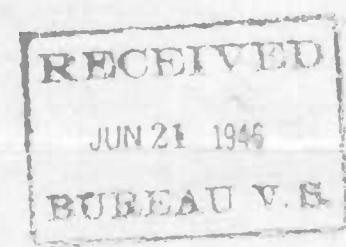
Injured at work?

23. SIGNATURE

M. D. or other

Address

Franklin Anderson, M.D.
Federalsburg, Md. June 11, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

05823

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County *Caroline*City or town *Bladensburg Rural Doctor*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *60*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

*Emma Hopkins Taft*4. Sex *F.* 5. Color or race *W.* 6. (a) Single, married, widowed, or divorced *Widowed*6. (b) Name of husband or wife *Henry Taft*6. (c) If alive, give age *years*7. Birth date of deceased (mo., day, yr.) *Sept. 3, 1858*8. AGE: Years *87* Months *9* Days *4* If less than one day *hrs. min.*9. Birthplace *Washington, D.C.*
(Town, county, and state)10. Usual occupation *Housekeeper*11. Industry or business *John Hopkins*12. Name *John Hopkins*13. Birthplace *Delaware*14. Maiden name *Mary Ann Taylor*15. Birthplace *Delaware*16. Informant *Larry Taft*Address *Deafos 2nd.*17. Burial *Concord*
(Burial, cremation, or removal. Which?) Date thereof *June 9, 1946*
(month) (day) (year)Cemetery or crematory *Concord*Location *Concord, Maryland*18. Funeral director *John S. Clark*Address *Deafos 2nd.*19. At *8/46* 19 *1946*
(Date rec'd by registrar)Registrar *Mark Gray*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Caroline*City or town *Bladensburg, Maryland*
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war *✓*3. (b) Social Security Number *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 7, 1946*at *6:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*May 3, 1946, to June 7, 1946*and that I last saw her *alive* on *June 6, 1946*

Immediate cause of death

Due to *General Arteria Sclerosis 10 gm*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

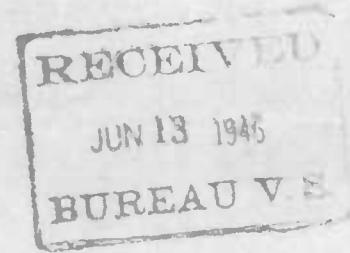
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Lawson D. George* M. D. or otherAddress *Denton, Md.* Date signed *6/14/46*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1150

05824

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County.....

City or town.....

Barolyn

Federalberg, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

no

How long in hospital or institution?.....

no

3. (a) FULL NAME

Charles P. Pinckens

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

a. a.

Married

6. (b) Name of husband or wife.....

Effie Dell Pinckens

Wife

7. Birth date of

deceased (mo., day, yr.)

about 1896

8. AGE:

Years

Months

Days

If less than one day

about

79

hrs.

min.

9. Birthplace

Federalberg, Md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Same as above

MOTHER FATHER

12. Name

Clement P. Pinckens

13. Birthplace

Federalberg, Md.

14. Maiden name

Lillie D. Pinckens

15. Birthplace

Federalberg, Md.

16. Informant

Haley McHenry Pinckens

Address

Federalberg, Md

17. Burial

Date thereof: June 25-1976

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Federalberg

Location

Federalberg, Md

18. Funeral director

James P. Stewart

Address

Salisbury, Md.

19. June 24 1946

(Date rec'd by registrar)

T.S. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

World War No. 1

3. (b) Social Security Number

7-27

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 22 1946 at 10:39 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1946 to June 22 1946

and that I last saw him alive on June 22 1946

Immediate cause of death

Septicemia

DURATION

10 days

Due to

Infection of first

2 mos

Due to

Teeth

Other conditions

Hypertension

6 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. Duff, M.D.

M.D. or other

Address..... Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 300

05825

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County.....

Caroline
Ridgely Rural

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 months

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

✓

3. (a) FULL NAME

Sarah E. Savage

4. Sex

F

5. Color or race

6. (a) Single, married, widowed, or divorced

B. Married

6. (b) Name of husband or wife.....

Herman

7. Birth date of

deceased (mo., day, yr.)

June 5 1877

6. (c) If alive, give age 65 years

8. AGE:

Years

Months

Days

If less than one day

69

25

hrs.

min.

9. Birthplace.....

Ridgely Caroline Md.

(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

12. Name.....

Perry Smith

13. Birthplace.....

Maryland

14. Maiden name.....

Anna L. Thomas

15. Birthplace.....

Maryland

16. Informant.....

Herman Savage

Address.....

Ridgely Rural

17. Burial or cremation (which?)

Burial of 7/2/46

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

Mission

Location.....

Near Ridgely Md.

18. Funeral director.....

Raymond B. Pawlings

Address.....

Greensboro, Md.

19. Date rec'd by registrar.....

July 2 1946 Mrs. J. S. Davis

(Date rec'd by registrar)

Ridgely, Md. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

219-05-4933

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946 at 3:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 29 1946, 10:00 A.M. to 19:46

and that I last saw her alive on June 29 1946

Immediate cause of death.....

Gastric Hemorrhage

Due to.....

Due to.....

Gastric Ulcer

Disease

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

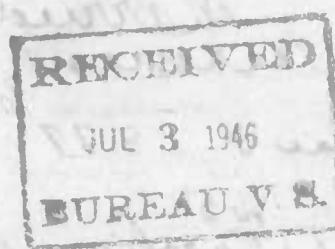
Injured at work?

23. SIGNATURE.....

M. D. or C.R. (initials)

Address..... Date signed.....

Ridgely, Md. Date signed 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05826

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: Caroline

County.....

City or town..... Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 79 yrs.Hospital, Institution, or street address where death occurred: How long in hospital or institution?

3. (a) FULL NAME

William J. Thompson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife..... Susie

7. Birth date of deceased (mo., day, yr.)

Nov. 13 18706. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

..... hrs. min.

9. Birthplace.....

(Town, county, and state)

Wil. Del.

10. Usual occupation.....

Farmer

11. Industry or business

MOTHER FATHER

12. Name..... William Thompson

13. Birthplace.....

Unknown

14. Maiden name.....

Catherine Nickerson

15. Birthplace.....

Wil. Del.

16. Informant.....

Mrs. Susie Thompson

Address

Goldsboro, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 7/1/46
(month) (day) (year)

Cemetery or crematory.....

Busie

Location.....

Near Barclay Md.

18. Funeral director.....

Raymond B. Rawlings

Address

Greensboro, Md.19. 6/28/46 19.....

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... CarolineCity or town..... Goldsboro (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 27 1946, at 840 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/23 1946, to 6/27 1946, and that I last saw him alive on 6/27 1946.

Immediate cause of death.....

Coronary Thrombosis DURATION 2 mosDue to..... External DeteriorationDue to..... Age

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... J. J. SilverM. D. Other
Address..... Goldsboro Md Date signed 6/28/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

CERTIFICATE OF DEATH

Reg. Dist. No. 64

05827

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County *Caroline*City or town *Federalsburg - Rural*

(If outside city or town limits, write RURAL and give nearest town)

16 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Walkertown

How long in hospital or institution?

3. (a) FULL NAME

Ida B. Todd

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

*Charles W. Todd*6. (c) If alive, give age *80* years

7. Birth date of deceased (mo., day, yr.)

October 8, 1870

8. AGE:

Years

Months

Days

If less than one day

75

8

1

hrs.

min.

9. Birthplace

Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

William S. Lewis

13. Birthplace

Delaware

14. Maiden name

Georgianna Cahall

15. Birthplace

Delaware

16. Informant

Charles W. Todd

Address

Federalsburg, Maryland

17. Burial

Date thereof

June 12, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Fransham and Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

*June 11, 1946**J. J. Fransham*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Caroline*City or town *Federalsburg - Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *Walkertown*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 9, 1946* at *2:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*April 10**1946**to June 9, 1946*and that I last saw her alive on *June 9**1946*Immediate cause of death *Arteriosclerosis*

DURATION

*4/10/46*Due to *Arteriosclerosis**1934*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

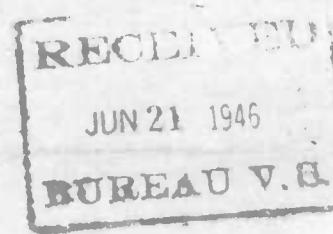
23. SIGNATURE

B. Mullings Jr.

M.D.

M. D. or other

Address *Bridgewater, Md.* Date signed *6/11/46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

169 115828

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH

County

Caroline

City or town

Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

14 yrs.

Hospital, institution, or street address where death occurred:

R.F.D.

How long in hospital or institution?

None

3. (a) FULL NAME

James Edward Townsend

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 19, 1901

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

45 1 11 hrs. min.

9. Birthplace

In merchant marine

East New Market, Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

MOTHER FATHER

12. Name

Thomas A. Townsend

13. Birthplace

Maryland

14. Maiden name

MOTHER

Magdaline Townsend

15. Birthplace

Maryland

16. Informant

Address

Mrs. Tillie Hurst

Secretary, Maryland

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

East New Market

Location

East New Market

18. Funeral director

Address

J. Harvey Williamson

Federalsburg, Maryland

19. (Data rec'd by registrar)

Date

July 2 1946

19

J. J. Davis

(Deputy)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Caroline

City or town

Federalsburg

Street No.

R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

213-14-6815

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30 1946 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to

18.....

and that I last saw h..... alive on

19.....

Immediate cause of death

Fractured skull

Accumulated at top

Hemorrhage of skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

6/30/46

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

Injured at work

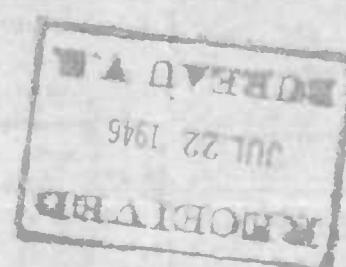
23. SIGNATURE

Ames J. George

Physician from M.D. or other

Address

July 10, 1946 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

05829

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County.....

City or town.....

Caroline
Follettboro Rural
4 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

William Harrison Warner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

B.

Widowed

6. (b) Name of husband or wife

Sarah

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Mar. 8 1888

8. AGE:

Years
58Months
3Days
13

If less than one day

hrs. min.

9. Birthplace

Greensboro Caroline Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Harrison Warner

12. Name

Maryland

13. Birthplace

Francis Mattee

14. Maiden name

Maryland

15. Birthplace

Fletcher Warner

16. Informant

Greensboro, Md.

Address

Burial

17. (Burial, cremation, or removal, which?)

Date thereof..... 6/23/46
(month day year)

Cemetery or crematory

Union

Location

Near Greensboro, Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

19. June 23 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Follettboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

218-20-5231

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 21 1946 at 4 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13 1946 to June 20 1946

and that I last saw deceased June 20 1946 alive on

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 yrs 01

Due to

Due to

Other conditions

(Include pregnancy within 6 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

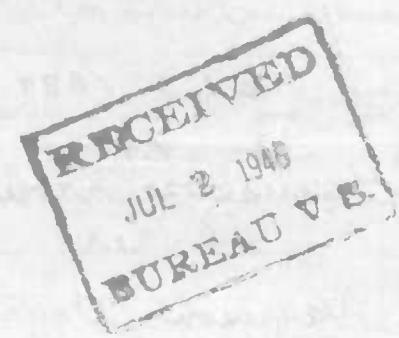
Means of injury

Injured at work?

23. SIGNATURE

Clark H. Horner M. D. or M. B. B. S. Date signed 1946

Address..... Greensboro Md. Date signed 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

CERTIFICATE OF DEATH

05830

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
County Greensboro
City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Penns. County
City or town Marcus Hook (If outside city or town limits, write RURAL and give nearest town)
Street No. 1205 Market St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Charles Henry Webber
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Melissa
7. Birth date of deceased (mo. day, yr.) Mar. 18 1878 6. (c) If alive, give age 67 years
8. AGE: Years 68 Months 2 Days 21 If less than one day hrs. min.
9. Birthplace Huntington Carolina Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
12. Name Williams Webber
13. Birthplace Maryland
14. Maiden name Margaret Todd
15. Birthplace Maryland
16. Informant Mrs. Melissa Webber
Address Greensboro Md.
17. Burial Burial Date thereof 6/11/46
(Burial, cremation, or removal, which?) Cemetery or crematory Greensboro
Location Greensboro Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro Maryland
19. Date rec'd by registrar June 11 1946 L. Mark J. Price
(Date rec'd by registrar) Registrars Address Benton Rd M. D. or other Date signed 6/10/46

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946 at 9:38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Greene 9 1946 to June 8 1946 and that I last saw him alive on June 7 1946

Immediate cause of death Cerebral Hemorrhage DURATION 6 days

Due to: Due to:

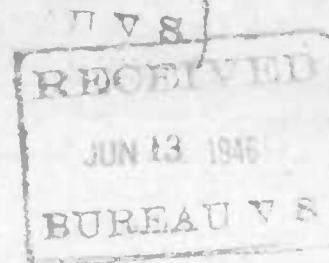
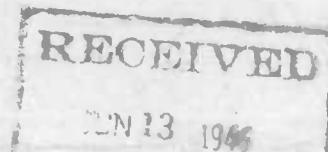
Other conditions Previous cerebral hemorrhage 4/26/46
(Include pregnancy within 8 months of death)

Major findings or operations: Date of op.

Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Paul Morris M.D. M. D. or other Address Benton Rd Date signed 6/10/46



PLEASE WRITE PLAINLY, WITH UNPADDED INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

05831

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

University Avenue

How long in hospital or institution?

3. (a) FULL NAME

Alexander M. Williams

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Rosie E. Williams6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

April 25, 1870

8. AGE:

Years 76Months 1Days 25

If less than one day

hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Contractor

11. Industry or business

House Carpenter

12. Name

William H. Williams

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Frances Parks

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Rosie E. Williams

Address

Federalburg, Maryland

17. Burial

Date thereof June 23, 1946

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Hick Creek Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. Date rec'd by registrar

June 23, 1946J. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg (If outside city or town limits, write RURAL and give nearest town)Street No. University Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946 at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1946 to June 20, 1946 and that I last saw him/her alive on 6/20

Immediate cause of death

Occurrence of Heart attack, a generalized metastasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

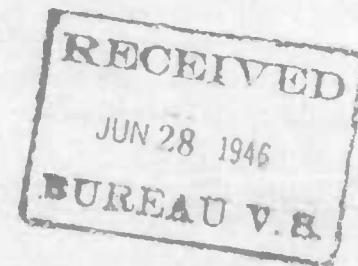
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Great Manderson M.D.
Federalburg M.D. Date signed 6/23/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

05832

62

Reg. Dist. No.

1. PLACE OF DEATH:

County.....Caroline
City or town.....Near Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?.....10 days
Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Maud Estela Wilson4. Sex F 5. Color or race Lesl 6. (d) Single, married, widowed, or divorced married6. (b) Name of husband or wife George Wilson7. Birth date of deceased (mo., day, yr.) May. 3rd 19008. AGE: Years 45 Months 1 Days 21 It less than one day _____ hrs. _____ min.8. Birthplace Petersburg, Virginia
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name not known13. Birthplace Virginia14. Maiden name Mary Estell15. Birthplace Virginia16. Informant George Wilson (Stepson)Address Rd. Denton Md17. Burial (Burial, cremation, or removal. Which) Buried Date thereof 6-27-46
(month) (day) (year)Cemetery or crematory Bells ChapelLocation near Denton. Md.18. Funeral director J. E. Clegg AgencyAddress Denton. Md.19. (Date rec'd by registrar) 6/27 1946 M. D. or other _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County BaltimoreCity or town Near Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1946 a. 6 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...and that I last saw h. alive on 19...

Immediate cause of death _____

DURATION

Due to acute myocarditis dead

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings or operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

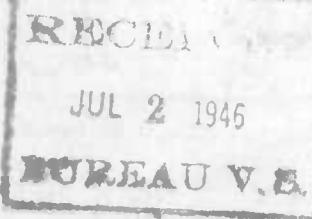
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alverson & George M. D. or other _____Address Deputy medical examiner Date signed 6/27/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05833
63

Reg. Dist. No.

1. PLACE OF DEATH:
 County..... Caroline
 City or town..... Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 25 years
 Hospital, Institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) Is veteran, name war.....

3. (a) FULL NAME
 Emalene C. Wright

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife..... B. Washington Wright

7. Birth date of deceased (mo., day, yr.) September 3, 1873

8. AGE: Years Months Days If less than one day

72	9	20 hrs. min.
----	---	----	-----------------------

9. Birthplace..... Preston, Caroline, Maryland
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

FATHER

12. Name..... Capt. Charles S. Carmine

13. Birthplace..... Caroline County, Md.

MOTHER

14. Maiden name..... Mary Amelia Farquharson

15. Birthplace..... Preston, Caroline, Maryland

16. Informant..... Benjamin W. Wright

Address..... Preston, Md.

17. Burial..... Date thereof..... June 26, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... M. E. Church Cemetery

Location..... Preston, Md.

18. Funeral director..... H. M. Hollis

Address..... Preston, Md.

19. (Date rec'd by registrar)..... July 1, 1946
 (Date signed)..... C. D. Plummer
 Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 23, 1946, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to 19....., to 19.....
 and that I last saw h..... alive on 19.....

Immediate cause of death..... Dead when I saw her.

Due to..... Fractured Cervical
Vertebra

Due to.....

Other conditions..... Automobile injury -

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

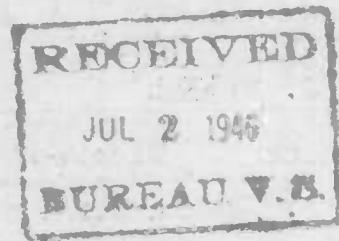
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Dr. C. D. Plummer, Deputy Medical Examiner

Date signed..... July 26/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3300

115834

CERTIFICATE OF DEATH

Reg. Dist. No. 6.1

1. PLACE OF DEATH: Caroline County
 County: Greensboro
 City or town: Greensboro
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Stewards Hospital, Greensboro

How long in hospital or institution?

3. (a) FULL NAME

Buelah E. Wrightson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married
6.(b) Name of husband or wife		
<u>William Samuel</u>		
7. Birth date of deceased (mo., day, yr.)		
<u>Dec 11, 1889</u>		

6.(c) If alive, give age 64 years

8. AGE: Years 56 Months 6 Days 28 If less than one day

9. Birthplace Talbot Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Frances R. Jones

13. Birthplace Dorchester Co. Md.

14. Maiden name Laura Jones

15. Birthplace Dorchester Co. Md.

16. Informant Mary K. Hart

Address 5204 Fenwickway, Poe-Baltimore

17. Burial Date thereof June 12, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Elmet Cemetery

Location St. Michaels, Md.

18. Funeral director Maurice E. Brown, Jr.

Address Easton, Maryland

19. Date rec'd by registrar June 14, 1946

Registrar R. Mae Peppin

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md. County: Talbot
 City or town: Easton (Rural)
 Street No. Dover Rd.
 (If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 9 1946, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1946, to June 9 1946, and that I last saw her alive on June 9 1946.

Immediate cause of death Cerebral Hemorrhage DURATION 2 da

Due to Menopausal Hypertension

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Modes of injury:

Injured at work?

23. SIGNATURE Charles H. Householder M.D. or other

Address Greensboro, Md. Date signed 6-11-46

RECEIVED

JUN 13 1946

BUREAU